

Case 16

Form **4** Wisconsin Corporation
Franchise or Income Tax Return

For 2012 or taxable year beginning 01/01/2012 and ending 12/31/2012
M M D D C C Y Y M M D D C C Y Y

2012

Complete form using BLACK INK.

Due Date: 15th day of 3rd month following close of taxable year.

Corporation or Designated Agent Name
Anywork Finance Inc.

Number and Street
35 Any St

Suite Number

City
Anytown

State
NY

ZIP (+ 4 digit suffix if known)
10006

A Federal Employer ID Number
1100000003

D Check ☒ if applicable and attach explanation:

1 ☒ Amended return

2 ☐ First return - new corporation or entering Wisconsin

3 ☐ Final return - corporation dissolved or withdrew

4 ☐ Short period - change in accounting period

5 ☐ Short period - stock purchase or sale

B Business Activity (NAICS) Code
27912

C State of Incorporation and Year
DE Enter abbreviation of state in box, or if a foreign country, enter below. 1983
C C Y Y

Check ☒ if applicable and see instructions:

E ☐ If this is a combined return. Enter number of companies included ▶

F ☐ If you have an extension of time to file. Enter extended due date
M M D D C C Y Y

G ☐ If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return.

H ☐ If you have related entity expenses and are required to file Schedule RT with this return.

I ☐ If this return is for an insurance company (check only if this is not a combined return).

J ☐ If you filed a federal consolidated return, enter Parent Company's federal employer ID number ▶

(Attach statement - see instructions).

K ☐ IRS adjustments became final during the year. Years adjusted ▶



IF NO ENTRY ON A LINE, LEAVE BLANK

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

1	If this is a combined return, enter the amount from Form 4R, line 26. If this is not a combined return, enter the amount from Form 1120, line 28.	1	<u>2448446.00</u>
2	Additions (from Schedule V, line 13)	2	<u>1899864.00</u>
3	Add lines 1 and 2	3	<u>4348310.00</u>
4	Subtractions (from Schedule W, line 16)	4	<u>1718284.00</u>
5	Subtract line 4 from line 3	5	<u>2630026.00</u>
6	Total company net nonapportionable and separately apportioned income (from Form(s) 4N, line 8)	6	<u>0.00</u>
7	Subtract line 6 from line 5. Combined groups: This is your combined unitary income.	7	<u>2630026.00</u>
8	Wisconsin apportionment percentage. Combined group filers enter percentage from Form 4A, line 8c, except 100% Wisconsin groups enter "100.0000%." Separate entity filers enter the apportionment percentage from Form 4A-1 or Form 4A-2. If the percentage is from Form 4A-2, check (✓) the space after the arrow ▶ <input type="checkbox"/>	8	<u>2.2981%</u>
	If 100% apportionment, check (✓) the space after the arrow ▶ <input type="checkbox"/>		
9	Multiply line 7 by line 8	9	<u>60441.00</u>
10	Wisconsin net nonapportionable and separately apportioned income (from Form(s) 4N, line 14)	10	<u>0.00</u>
11	Add lines 9 and 10	11	<u>60441.00</u>
12	Combined returns only: Net capital loss adjustment (from Form(s) 4M, line N)	12	<u>0.00</u>
13	Subtract line 12 from line 11	13	<u>60441.00</u>

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

14	Enter amount from line 13	14	60441.00
15	Loss adjustment for insurance companies (from Schedule(s) 4I, line 24)	15	0.00
16	Add lines 14 and 15. This is the Wisconsin income before net business loss carryforwards	16	60441.00
17	Wisconsin net business loss carryforward (from Form(s) 4M, line P for combined group filers; Form 4BL, Part I, line 30(f) for separate entity filers). Do not enter more than line 16	17	0.00
18	Subtract line 17 from line 16. This is Wisconsin net income or loss	18	60441.00
19	Enter 7.9% (0.079) of Wisconsin net income on line 18. This is tentative gross tax	19	4775.00
20	Tax adjustment for insurance companies (from Schedule(s) 4I, line 30)	20	0.00
21	Gross tax (from Forms 4M, line Q for combined group filers; separate entity filers subtract line 20 from line 19)	21	4775.00
22	Nonrefundable credits (from Form(s) 4M, line R for combined group filers; Schedule CR, line 51 for separate entity filers)	22	3000.00
23	Relocated business credit. If qualified, see instructions. If not qualified, enter 0. Check here if claimed	23	0.00
24	Subtract lines 22 and 23 from line 21. If the total of lines 22 and 23 is more than line 21, enter zero (0). This is net tax	24	1775.00
25	Economic development surcharge (see instructions)	25	143.00
26	Endangered resources donation (decreases refund or increases amount owed)	26	0.00
27	Veterans trust fund donation (decreases refund or increases amount owed)	27	0.00
28	Add lines 24 through 27	28	1918.00
29	Estimated tax payments less refund from Form 4466W	29	0.00
30	Wisconsin tax withheld (see instructions)	30	0.00
31	Refundable credits (from Form(s) 4M, line V for combined group filers; Schedule CR, line 54 for separate entity filers)	31	0.00
32	Amended Return Only – amount previously paid	32	4849.00
33	Add lines 29 through 32	33	4849.00
34	Amended Return Only – amount previously refunded	34	0.00
35	Subtract line 34 from 33	35	4849.00
36	Interest, penalty, and late fee due (from Form 4U, line 17 or 26) If you annualized income on Form 4U, check (✓) the space after the arrow	36	0.00
37	Tax Due. If the total of lines 28 and 36 is larger than 35, subtract line 35 from the total of lines 28 and 36	37	0.00
38	Overpayment. If line 35 is larger than the total of lines 28 and 36, subtract the total of lines 28 and 36 from line 35	38	2931.00
39	Enter amount from line 38 you want credited on 2013 estimated tax	39	2000.00
40	Subtract line 39 from line 38. This is your refund	40	931.00



- 41 Enter total gross receipts from all activities (see instructions)..... 41 91833124.00
- 42 Enter total assets from federal Form 1120 42 148898235.00
- 43 Total Wisconsin tangible property (see instructions) 43 0.00
- 44 Total tangible property (see instructions) 44 29690669.00
- 45 Total Wisconsin payroll (see instructions) 45 100000.00
- 46 Total payroll (see instructions) 46 22563315.00
- 47 Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions) 47 2110446.00
- 48 Total sales, receipts, or premiums included in apportionment ratio (see instructions)..... 48 91834255.00

- 49 Is the corporation (or any member of the combined group) the sole owner of any limited liability companies?
☒ Yes ☐ No If yes, prepare and submit a list of those LLCs with this return. If this is a combined return, also identify the corporation that is the sole owner of each LLC.
- 50 Did you include the income of the LLCs listed for item 49 in this return?
☒ Yes ☐ No
- 51 Did you (or did any member of the combined group) purchase, license, lease or rent any taxable tangible personal property, certain coins and stamps, certain leased property affixed to real estate, certain digital goods, or taxable services, for storage, use or consumption in Wisconsin without paying a state sales or use tax?
☐ Yes ☒ No
- 52 Person to contact concerning this return: Emilio Castillo
 Phone #: (818) 770-1880 Fax # (818) 770-1881
- 53 City and state where books and records are located for audit purposes: _____
- 54 List the locations of Wisconsin operations: _____
- 55 Are any manufacturing facilities located in Wisconsin? ☐ Yes ☒ No
- 56 Did you file federal Schedule UTP – Uncertain Tax Position Statement with the Internal Revenue Service?
☒ Yes ☐ No If yes, enclose federal Schedule UTP with your Wisconsin tax return.
- 57 Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service?
☒ Yes ☐ No If yes, enclose federal Form 8886 with your Wisconsin tax return.

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of Officer ▶	Title	Date
Preparer's Signature ▶	Preparer's Federal Employer ID Number	Date

You must file a copy of your federal return with Form 4, even if no Wisconsin activity.

If this is a combined return, see the instructions for a description of federal return information that must be filed with Form 4.

If you are not filing your return electronically, make your check payable to and mail your return to:

Wisconsin Department of Revenue
 PO Box 8908
 Madison WI 53708-8908



Wisconsin Department
of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

Federal Employer ID Number

Anywork Finance, Inc.

110000003

- | | | | | |
|----|--|----|---------|-----|
| 1 | Interest income from state and municipal obligations | 1 | | .00 |
| 2 | State taxes accrued or paid | 2 | 223478 | .00 |
| 3 | Related entity expenses (from Schedule RT, Part I, Sch. 2K-1, and Sch. 3K-1) | 3 | | .00 |
| 4 | Domestic production activities deduction | 4 | | .00 |
| 5 | Expenses related to nontaxable income | 5 | | .00 |
| 6 | Percentage depletion | 6 | | .00 |
| 7 | Federal section 179 expense deduction in excess of Wisconsin deduction | 7 | | .00 |
| 8 | Federal depreciation/amortization in excess of Wisconsin depreciation/amortization
(attach schedule) | 8 | 1673386 | .00 |
| 9 | Amount by which the federal basis of assets disposed of exceeds the Wisconsin
basis (attach schedule) | 9 | | .00 |
| 10 | Total additions for certain credits computed (see instructions) | 10 | 3000 | .00 |
| 11 | Special additions for insurance companies (from Schedule 4I, line 4) | 11 | | .00 |
| 12 | Other (list): | | | |
| a | | | | .00 |
| b | | | | .00 |
| c | | | | .00 |
| d | | | | .00 |
| e | | | | .00 |
| f | | | | .00 |
| g | | | | .00 |
| h | | | | .00 |
| | Add lines 12a through 12h | 12 | | .00 |
| 13 | Total (enter on Form 4 or 5, page 1, line 2) | 13 | 1899864 | .00 |



Schedule **W****Wisconsin Subtractions From
Federal Income****2012**Wisconsin Department
of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

Federal Employer ID Number

Anywork Finance Inc110000003

1	Wisconsin subtraction modification for dividends (from Sch. Y, line 4)	1	_____	.00
2	Related entity expenses eligible for subtraction (from Schedule RT, Part II, Sch. 2K-1, and Sch. 3K-1)	2	_____	.00
3	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	3	_____	.00
4	Subpart F income	4	_____	.00
5	Gross-up of foreign dividend income	5	_____	.00
6	Nontaxable income (attach schedule)	6	_____	.00
7	Foreign taxes (do not include deemed taxes)	7	_____	.00
8	Cost depletion	8	_____	.00
9	Wisconsin depreciation/amortization in excess of federal depreciation/amortization (attach schedule)	9	<u>1718284</u>	.00
10	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (attach schedule)	10	_____	.00
11	Federal work opportunity credit wages	11	_____	.00
12	Federal research credit expenses	12	_____	.00
13	Other (list, but do not include any adjustment for nontaxable income from life insurance operations)			
	a _____		_____	.00
	b _____		_____	.00
	c _____		_____	.00
	d _____		_____	.00
	e _____		_____	.00
	f _____		_____	.00
	g _____		_____	.00
	h _____		_____	.00
	Add lines 13a through 13h	13	_____	.00
14	Nontaxable income from life insurance operations (from Schedule 4I, line 13)	14	_____	.00
15	Job creation deduction (from line 7 of Schedule JC)	15	_____	.00
	Enter number of members from combined group claiming job creation deduction		_____	
16	Total (enter on Form 4 or 5, page 1, line 4)	16	<u>1718284</u>	.00



**Wisconsin Apportionment Data for
Single Factor Formulas**

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

2012Wisconsin Department
of Revenue

Read instructions before filling in this form

Name <u>Anywork Finance Inc.</u>	Identifying Number <u>110000003</u>
-------------------------------------	--

Part I Sales Factor (Note: If Part I applies, you only need to complete page 1 of this form)

(a) Wisconsin

(b) Total Company

1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin	1a	<u>2110446</u>
b Shipped from within Wisconsin	1b	
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin	2a	
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272	2b	
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272	2c	
3 Double throwback sales	3	
4 Total sales of tangible personal property (for column (a), add lines 1 through 3)	4	<u>2110446</u>
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin	5	
6 Total gross receipts from the use of computer software	6	
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin	7	
8 Total gross receipts from services	8	<u>8437418</u>
9 Other apportionable gross receipts	9	
10 For column a, add lines 4, 5, 7 and 9. For column (b), add lines 4, 6, 8, and 9	10	<u>2110446</u> <u>91834255</u>
Separate return filers and pass-through entities skip to line 17.		
11 Enter sales included above, if any, that are intercompany sales between combined group members	11	
12 Enter sales included above, if any, that are not included in the computation of combined unitary income	12	
13 Add lines 11 and 12 for each column	13	
14 Subtract line 13 from line 10 for each column	14	<u>2110446</u> <u>91834255</u>
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	15	
16 Add lines 14 and 15. Enter column (a) amount in Form 4A, Part II. Enter column (b) amount in Form 4A, Part I	16	<u>2110446</u> <u>91834255</u>
17 Separate return filers and pass-through entities: Divide line 10, column (a) by line 10, column (b), and multiply by 100. This is the Wisconsin apportionment percentage	17	<u>2.2981</u> %

SCHEDULE CR

Wisconsin
Department of Revenue

Other Credits

Enclose with Wisconsin Form 1, 1NPR, 2, 4, 4T, or 5

2012

Name

Anywork Finance Inc

Identifying Number

110000003

Part I Credits for Individuals, Fiduciaries, and Corporations

A. Nonrefundable Credits (claimed before alternative minimum tax)

1	Postsecondary education credit (Schedule PE, line 7)	1	.00
2	Water consumption credit (Schedule WC, line 10)	2	.00
3	Biodiesel fuel production credit (Schedule BC, line 6 or 6b for fiduciaries)	3	.00
4	Health insurance risk-sharing plan assessments credit – • Corporations (see line 35 to claim this credit) • Fiduciaries (see instructions) – Beneficiaries portion .00 • Individuals (enter amount from Schedule 2K-1, 3K -1, or 5K-1)	4	.00
5	Veteran employment credit (Schedule VE, line 8 or 8b for fiduciaries)	5	<i>2000</i> .00
6	Film production company investment credit carryforward (Schedule FP, line 8)	6	.00
7	Community rehabilitation program credit (Schedule CM, line 7)	7	.00
8	Add lines 1 through 7 and enter on line 8. • Individuals and Fiduciaries: Enter this amount on line 25 of Form 1, line 51 of Form 1NPR, line 8 of Form 2, or line 20 of Form 4T. • Corporations: Enter this amount on line 33 of Part II	8	<i>2000</i> .00

B. Nonrefundable Credits

9	Film production services credit carryforward (Schedule FP, line 7)	9	.00
10	Manufacturer's sales tax credit carryforward (Schedule MS, line 3)	10	.00
11	Manufacturing investment credit (Schedule MI, line 6)	11	.00
12	Dairy and livestock farm investment credit (Schedule DI, line 9)	12	.00
13	Ethanol and biodiesel fuel pump credit (Schedule EB, line 7)	13	.00
14	Development zones credit (Schedule DC, lines 7, 15, and 23)	14	.00
15	Technology zone credit (Schedule TC, line 8)	15	.00
16	Economic development tax credit (Schedule ED, line 5)	16	.00
17	Early stage seed investment credit (Schedule VC, line 12)	17	.00
18	Angel investment credit – Individuals only (Schedule VC, line 6)	18	.00
19	Electronic medical records credit (Schedule EM, line 3 or 3b for fiduciaries)	19	<i>1000</i> .00
20	Internet equipment credit carryforward	20	.00
21	Add lines 9 through 20 and enter on line 21. • Individuals and Fiduciaries: Enter this amount on line 31 of Form 1, line 57 of Form 1NPR, line 13 of Form 2, or line 20 of Form 4T. • Corporations: Enter this amount on line 34 of Part II	21	<i>1000</i> .00

C. Refundable Credits

22	Enterprise zone jobs credit (Schedule EC, line 3 or 3b for fiduciaries)	22	.00
23	Dairy manufacturing facility investment credit (Schedule DM, line 13 or 13b for fiduciaries)	23	.00
24	Dairy cooperatives credit (Schedule DM, line 14 or 14b for fiduciaries)	24	.00
25	Meat processing facility investment credit (Schedule MP, line 7 or 7b for fiduciaries)	25	.00
26	Film production services credit (Schedule FP, line 3 or 3b for fiduciaries)	26	.00
27	Film production company investment credit (Schedule FP, line 6 or 6b for fiduciaries)	27	.00
28	Woody biomass harvesting and processing credit (Schedule WB, line 5 or 5b for fiduciaries)	28	.00
29	Food processing plant and food warehouse investment credit (Schedule FW, line 7 or 7b for fiduciaries)	29	.00
30	Beginning farmer and farm asset owner credit (Schedule FL, line 2, 6 or 6b for fiduciaries)	30	.00
31	Jobs tax credit (Schedule JT, line 9)	31	.00
32	Add lines 22 through 31 and enter on line 32. • Individuals and Fiduciaries: Enter this amount on line 49 of Form 1, line 74 of Form 1NPR, line 24 of Form 2, or line 31 of Form 4T. • Corporations: Enter this amount on line 52 of Part II	32	.00



Name <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">Anywork Finance Inc.</div>	Identifying number <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">110000003</div>
--	---

Part II Credits for Corporations Only**A. Nonrefundable Credits**

33	Amount from Part I, line 8	33	2000.00
34	Amount from Part I, line 21	34	1000.00
35	Health insurance risk-sharing plan assessments credit (Schedule HI, line 6)	35	.00
36	Research expense credit (Schedule R, line 30)	36	.00
37	Research expense credit for activities related to internal combustion engines (Schedule R-1, line 29)	37	.00
38	Research expense credit for activities related to certain energy efficient products (Schedule R-2, line 29)	38	.00
39	Development zones research credit carryforward	39	.00
40	Research facilities credit (Schedule R, line 34)	40	.00
41	Research facilities credit for activities related to internal combustion engines (Schedule R-1, line 33)	41	.00
42	Research facilities credit for activities related to certain energy efficient products (Schedule R-2, line 33)	42	.00
43	Super research and development credit (Schedule R, line 44)	43	.00
44	Community development finance credit	44	.00
45	Development zones jobs credit carryforward	45	.00
46	Development zones sales tax credit carryforward	46	.00
47	Development zones location credit carryforward	47	.00
48	Development zones day care credit carryforward	48	.00
49	Development zones environmental remediation credit carryforward	49	.00
50	Supplement to federal historic rehabilitation credit (Schedule HR, line 7)	50	.00
51	Add lines 33 through 50. Enter here and on line 22 of Form 4, line 11 of Form 4T, or line 9 of Form 5	51	3000.00

B. Refundable Credits

52	Amount from Part I, line 32	52	.00
53	Farmland preservation credit.		
	a Schedule FC, line 18	53a	.00
	b Schedule FC-A, line 13	53b	.00
54	Add lines 52 and 53a and b. Enter here and on line 31 of Form 4, line 31 of Form 4T, or line 18 of Form 5	54	.00



Name	Identifying Number
<i>Axywork Finance Inc.</i>	<i>110000003</i>

- 1** Enter the number of qualified disabled veterans hired in the taxable year to work full-time at your business in Wisconsin (see instructions) **1** _____
- 2** Multiply the number on line 1 by \$4,000 **2** _____ .00
- 3** Enter the number of qualified disabled veterans hired in the taxable year to work part-time at your business in Wisconsin **3** *2* _____
- 4** Enter the amount of credit for hiring a qualified disabled veteran to work part-time at your business in Wisconsin (from line D of worksheet on page 2) **4** *2000* .00
- 5** Add the amounts on lines 2 and 4 **5** *2000* .00
- 6** If line 5 is greater than zero, enter your business activity (NAICS) code. If line 5 is zero, skip line 6 and go on to line 7 **6** *27912* _____
- 7** Enter the amount of veteran employment credit passed through from other entities **7** *0* .00
- 8** Add lines 5 and 7. This is your 2012 veteran employment credit (see instructions) **8** *2000* .00
- 8a** Fiduciaries – Enter the amount of credit allocated to beneficiaries **8a** _____ .00
- 8b** Fiduciaries – Subtract line 8a from line 8 **8b** _____ .00



Name <u>Anywork Finance Inc.</u>	Identifying Number <u>110000003</u>
-------------------------------------	--

Worksheet to Compute Credit for Disabled Veterans Hired to Work Part-Time

	Veteran #1	Veteran #2	Veteran #3	Veteran #4	Veteran #5	Veteran #6
A. Number of hours disabled veteran worked for this employer during the taxable year (round to the nearest hour)	1040	1040				
B. Divide the number on line A by 2080 (round decimal to four places)5	.5				
C. Multiply \$2,000 by the decimal on line B (round to the nearest dollar). This is your credit for this part-time employee	1000	1000				
D. Total of amount from line C of all columns. This is your credit for all part-time disabled veterans.						<u>2000.00</u>

WORKSHEET INSTRUCTIONS

Complete the above worksheet to determine your credit for hiring a qualified disabled veteran to work part-time for your business in Wisconsin. If you hired more than one veteran to work part-time, you must complete a separate column of the worksheet for each veteran. If you hired more than six disabled veterans to work part-time, you may make additional copies of the worksheet as needed.

Fill in the amount from line D of the worksheet on line 4 of Schedule VE. If you have completed more than one worksheet, add the amounts from line D of all worksheets and fill in the total on line 4 of Schedule VE. All worksheets must be submitted with Schedule VE.

Name Anywork Finance Inc. Identifying Number 110000003

- 1** Fill in the amount of electronic medical records credit allocated to you by the Wisconsin Department of Revenue **1** 500.00
- 2** Electronic medical records credit passed through from other entities
- 2a** Entity Name Anytime Inc
FEIN 110001111 **2a** Amount 500.00
- 2b** Entity Name _____
FEIN _____ **2b** Amount _____ .00
- 2c** Entity Name _____
FEIN _____ **2c** Amount _____ .00
- 2d** Entity Name _____
FEIN _____ **2d** Amount _____ .00
- 2e** Total pass through credits from additional schedule **2e** _____ .00
- 2f** Total credits (add lines 2a through 2e) **2f** 500.00
- 3** Add the amounts on lines 1 and 2f. This is your 2012 electronic medical records credit (see instructions) **3** 1000.00
- 3a** Fiduciaries – Fill in the amount of credit allocated to beneficiaries **3a** _____ .00
- 3b** Fiduciaries – Subtract line 3a from line 3 **3b** _____ .00



**Amended U.S. Corporation
Income Tax Return**

OMB No. 1545-0132
For tax year ending
12/2012
(Enter month and year.)

Please
Type
or
Print

Name Anywork Finance Inc.	Employer identification number 110000003
Number, street, and room or suite no. (If a P.O. box, see instructions.) 35 Any Street	
City or town, state, and ZIP code Anytown NY 10006	Telephone number (optional)

Enter name and address used on original return (If same as above, write "Same.")

Internal Revenue Service Center
where original return was filed

Fill in applicable items and use Part II on the back to explain any changes

Part I Income and Deductions (see instructions)		(a) As originally reported or as previously adjusted	(b) Net change — increase or (decrease) — explain in Part II	(c) Correct amount
1	Total income	1 2948446	(500000)	2448446
2	Total deductions	2 120387		120387
3	Taxable income. Subtract line 2 from line 1	3 2828059		2328059
4	Total tax	4 989821		814821

Payments and Credits (see instructions)

5a	Overpayment in prior year allowed as a credit	5a			
b	Estimated tax payments	5b			
c	Refund applied for on Form 4466	5c			
d	Subtract line 5c from the sum of lines 5a and 5b	5d			
e	Tax deposited with Form 7004	5e			
f	Credit from Form 2439	5f			
g	Credit for federal tax on fuels and other refundable credits	5g			
6	Tax deposited or paid with (or after) the filing of the original return	6			
7	Add lines 5d through 6, column (c)	7			
8	Overpayment, if any, as shown on original return or as later adjusted	8			
9	Subtract line 8 from line 7	9			

Tax Due or Overpayment (see instructions)

10	Tax due. Subtract line 9 from line 4, column (c). If paying by check, make it payable to the "United States Treasury"	10	
11	Overpayment. Subtract line 4, column (c), from line 9	11	
12	Enter the amount of line 11 you want: Credited to 20 Estimated tax Refunded	12	

Sign Here

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			